

VU Research Portal

Reminiscence and depression in later life

Bohlmeijer, E.

2007

document version

Publisher's PDF, also known as Version of record

[Link to publication in VU Research Portal](#)

citation for published version (APA)

Bohlmeijer, E. (2007). *Reminiscence and depression in later life*. [PhD-Thesis – Research external, graduation internal, Vrije Universiteit Amsterdam]. Ladenius Communicatie BV.

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

E-mail address:

vuresearchportal.ub@vu.nl

Abstract

Chapter 1 presents a general introduction to this thesis. It is argued that the high prevalence of major and minor depression among older adults warrants a public mental health approach in which indicated prevention has to play a major role. Reminiscence is most likely an attractive indicated preventive intervention for older adults with depressive symptomatology but was not applied as such in mental health care at the start of this thesis. The aim of this thesis is to develop and evaluate two new preventive reminiscence interventions for older adults with depressive symptomatology. A model for the evidence based development and implementation of preventive interventions is presented as a framework.

Chapter 2 presents a review of the progress and emerging trends in conceptual and applied understanding of reminiscence in the last two decades. The topics of (1) types and functions of reminiscence, (2) reminiscence throughout the life-span, (3) processes of reminiscence, and (4) clinical interventions and their effectiveness are addressed. Most promising are clinical interventions in which structured and evaluative reminiscence (life-review) is combined with other therapeutic approaches. Reminiscence therapy may be especially indicated for depressed people who in response to negative life-events or life-transitions have spontaneously started to review their lives and think about the meaning in life.

Chapter 3 gives a report of the results of a meta-analysis that was conducted to assess the effectiveness of reminiscence and life review on late-life depression across different target groups and treatment modalities. Twenty controlled outcome studies were retrieved from Psychlit, Medline and Dissertation Abstracts. For each study a standardised effect size, d , was calculated and a random-effects meta-analysis was conducted. An overall effect size of 0.84 (95% CI = 0.31 – 1.37) was found, indicating a statistically and clinically significant effect of reminiscence and life review on depressive symptomatology in elderly people. This effect is comparable to the effects commonly found for pharmacotherapy and psychological treatments. The effect was larger in subjects with elevated depressive symptomatology ($d = 1.23$) as compared to other subjects ($d = 0.37$). Other characteristics of the subjects or interventions were not found to be related to increased or decreased effect sizes. It was concluded that reminiscence and life review are potentially effective treatments for depressive symptoms in the elderly and may thus offer a valuable alternative to psychotherapy or pharmacotherapy. Especially in non-institutionalised elderly people – who often have untreated depression – it may prove to be an effective, safe and acceptable form of treatment. Randomized trials with sufficient statistical power are necessary to confirm the results of this study.

Chapter 4 presents the results of a meta-analysis to assess the effectiveness of reminiscence and life review on psychological well-being across different target groups and treatment modalities. Fifteen controlled outcome studies were retrieved from Psychlit and Medline Abstracts. For each study a standardised effect size, d , was calculated and a random-effects meta-analysis was conducted. An overall effect size of 0.65 (95% CI = 0.41 – 0.89) was found, indicating a statistically significant effect of reminiscence and life review on life-satisfaction and emotional well-being in elderly people. A significant larger effect was found in studies in which life-review was the intervention ($d = 0.98$) as compared to studies that used simple reminiscence ($d = 0.50$). Other characteristics of the subjects or interventions were not found to be related to increased or decreased effect sizes. It was concluded that reminiscence in general but especially life review are potentially effective methods for the enhancement of psychological well-being in the elderly.

Particularly in elderly people with a reduced level of psychological well-being it may prove to be an effective, safe and acceptable form of treatment. Randomised trials with sufficient statistical power are necessary to confirm the results of this study.

Chapter 5 presents the results of the evaluation of the first new intervention: Searching for the meaning in life. Life-review may be further enhanced by the creative expression of memories in stories, poems or drawings. In this way people are encouraged to create and discover metaphors, images and stories that symbolically represent the subjective and inner meaning of their lives. In this chapter, a new intervention which combines reminiscence and creative expression aimed at early treatment of depression, is described. Searching for the meaning in life consists of twelve group sessions of 2.5 hours each. Each session focuses on one theme (for example: friendships, houses where you lived, turning points). Each session has a structure in which reminiscence, dialogue and creative expression alternate. The results of a one-group pre-post test design show that the intervention Searching for the meaning in life may generate medium-sized effects in reducing depressive symptoms in women, but not in men. Additionally, it appears to have medium effectiveness in improving mastery in both men and women. Several possible ways to enhance the effectiveness of the intervention are described.

Chapter 6 gives a report of the effects of Searching for the meaning in life on personal meaning. 57 older persons that participated in the program filled out a sentence completion questionnaire measuring personal meaning and a depression scale before and after the program. In comparison to a group from a representative survey which was matched on life contexts, the personal meaning profile of the intervention group was more negative and more focused on the self. Hence, a group with impoverished meaning was participating in the program. After the intervention the personal meaning profile was more positive, in particular with regard to self-evaluations and evaluations of social relations. The group which improved most on depression also improved most on personal meaning. It is concluded that further research on the program is warranted.

In chapter 7 the results of a explorative, quasi-experimental study on the effects of THE STORY OF YOUR LIFE on depressive symptoms are presented. The story of your life combines integrative reminiscence with narrative therapy. The program consists of seven sessions of two hours and one follow-up session after eight weeks. It is directed at community-dwelling people of 55 years and older with mild to moderate depressive symptoms. Each session has a different theme: youth and family, work and care, love and friendship, difficult times, life as a book with chapters, metaphors, meaning in life. After the intervention the participants showed significantly less depressive symptoms and higher mastery, also in comparison with a waiting-list control group. Demographic factors and initial levels of depressive symptomatology and mastery were not found to moderate the effects. The effects were maintained at a three months after completion of the intervention.

In chapter 8 the results of a explorative, quasi-experimental study on the effects of THE STORY OF YOUR LIFE on meaning in life are presented. A significant improvement in the overall meaning in life in the participants of the intervention is found, but these effects were not significant in comparison to a waiting-list control group. The group that improved most in their depression scores also improved in their meaning in life. Furthermore, there is a specific effect of the intervention in that it results in a decline of negative evaluations of the self and an increase in positive evaluations of social relations. These findings are stronger for women than for men and stronger for persons that also declined more in depressive symptoms. Last, the program results in more positive and less negative evaluations

of the past as well as in less negative evaluations of the future. Again, this is found most strongly for women and persons improving most with regard to depression.

In chapter 9 the implications of the main findings of this thesis are discussed within the framework for developing and evaluating interventions. The conclusion about phase 1 (review) is that international studies have shown substantial effects on depressive symptomatology and that good guidelines for developing reminiscence interventions can be produced on the basis of theoretical developments and empirical studies. As to the second phase (innovation & evaluation) it is concluded that the effects of the two new reminiscence interventions on depressive symptomatology are lower than may be expected on the basis of our meta-analysis. When the results of phase 2 were compared to the review phase, four recommendations could be given. (1) specification of processes that are linked up to reduction of depression. (2) more intensive training of counselors on the additional therapeutic approaches. (3) the inclusion of questionnaires measuring relevant prognostic factors. (4) more elaborate information for the participants about how reminiscence and depression are related. The chapter ends with some reflections on the future of reminiscence as indicated prevention and treatment of depression in later life.

